

## Alternative Trade Adjustment Assistance Questionnaire - Claimant

### Claimant Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ ID or SSN: \_\_\_\_\_

**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

The department has received information regarding your eligibility for Alternative Trade Adjustment Assistance (ATAA) benefits. A worker must satisfy each of the following requirements to qualify for ATAA:

1. Workers covered by a certification.
2. The worker obtains reemployment not more than 26 weeks after the date of separation from the adversely affected employment.
3. The worker is at least 50 years of age.
4. The worker earns not more than \$50,000 per year in annualized wages from employment.
5. The worker is employed on full-time basis as defined by State law.
6. The worker does not return to the employment from which the worker was separated.

Alternative Trade Adjustment Assistance (ATAA) program benefits are provided as an alternative to the benefits offered under the regular TAA program. Participation in ATAA allows older workers, for whom retraining may not be appropriate, to accept reemployment at a lower wage and receive a wage subsidy. The information you provide will be used for the purpose of determining your eligibility for benefits. Failure to respond will result in a determination based on the available information.

Please complete, sign and return this questionnaire along with copies of check stubs or other documents verifying the wages listed below to your Illinois Department of Employment Security Local Office as instructed.

*If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

### Section A: ATAA Information

Are you at least 50 years of age or older? Yes No *If No, please skip to Section C, no further questions are required.*

What is your date of birth? / /

*You must provide a copy of one of the following identification items with your date of birth listed when you return this questionnaire: Driver's License, State ID, Birth Certificate, Passport, or Firearm Owner's ID.*

Have you received or are you currently receiving TRA benefits? Yes No

*If Yes, please skip to Section C, no further questions are required.*

Are you currently enrolled in or attending an approved TAA training program? Yes No

*If Yes, please skip to Section C, no further questions are required.*

On what date did you last work for the trade impacted employer? / /

Are you reemployed with the trade impacted employer from which you were separated, working at the same facility / division, or performing the same or similar type of work in another facility / division? Yes No

*If Yes, please skip to Section C, no further questions are required.*

*Please provide the employer name(s) and date(s) you began working in different qualified reemployment.*

Employer Name: \_\_\_\_\_ Start Date: / /

Employer Name: \_\_\_\_\_ Start Date: / /

Employer Name: \_\_\_\_\_ Start Date: / /

Employer Name: \_\_\_\_\_ Start Date: / /

Are you working full time (a total of 40 hours per week) for one employer? Yes No

*If Yes, please provide the following employment information.*

Employer Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: (Apt., Floor, Suite, etc) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) - \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ Start Date: / /

Are you working a total of 40 hours per week for two or more employers? <i>If yes, please provide information below</i>		Yes	No										
Employer Name	Address	Telephone Number	<table border="1"> <tr> <td>Hours Per Week</td> <td>Start Date</td> </tr> <tr> <td></td> <td>/ /</td> </tr> <tr> <td></td> <td>/ /</td> </tr> <tr> <td></td> <td>/ /</td> </tr> <tr> <td></td> <td>/ /</td> </tr> </table>	Hours Per Week	Start Date		/ /		/ /		/ /		/ /
Hours Per Week	Start Date												
	/ /												
	/ /												
	/ /												
	/ /												
What is your hourly wage in the qualifying reemployment (excluding overtime)?		\$											
What is your annual salary (excluding overtime)?		\$											
<i>If more than \$50,000 annually please skip to Section B, no further questions are required.</i>													
What was your gross income at the time of separation from the trade impacted employer?		\$											
<b>Section B: Signature</b>													
Signature:		Date:											
Name (printed):		Telephone Number:											